

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten initials]</i>	66631	2/2
O.I.P.E. CLASSIFIER	<i>[Handwritten initials]</i>	45	2/17
FORMALITY REVIEW	<i>[Handwritten initials]</i>	B-316	3/8/6
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	11/20/62
2	11/21/64
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Claim	Date
Final	
Original	
51	11/20/62
52	11/21/64
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Claim	Date
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If more than 150 claims or 10 actions  
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